

**FOOD STAMP PROGRAM
CLIENT AUTHORIZED DEBIT FOR REPAYMENT OF OVERISSUANCE**

CASE NAME: _____ SSN: _____

CASE NUMBER: _____ CASEWORKER: _____

I voluntarily choose to have \$_____ of food stamp benefits debited from my food stamp account to repay a previous overissuance of food stamp benefits. I understand that I may revoke this agreement at any time.

- () This is a verbal authorization for a one-time debit. (Indicate below who took the verbal authorization).
- () I want to repay \$_____ for _____ month(s) until the debt is paid in full or the agreement is revoked.

Head-of-Household/Authorized Representative Signature

Date

Witness Signature

Date

ORFI DEBIT TRANSACTION REQUEST

The Office of Recoveries and Fraud Investigations has received a client request for repayment. The claim/payment screens have been reviewed to support this debit.

DEBIT AMOUNT \$_____.

- () This amount is equal to the amount the client requested.
- () This amount is less than the amount the client requested due to the remaining balance of the claim at the time of the request.

Recoveries Signature

Date

DAKOTA EBT DEBIT TRANSACTION NOTICE

- () This request has been approved and the transaction completed. The above client's EBT benefit account has been debited in the amount of \$_____.
- () This request has been denied. The food stamp benefit account balance was not sufficient to allow the transaction.

Dakota EBT Signature

Date

Original - ORFI case file
Copy-EBT State Office